

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10 748 770

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
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4						
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37		1				
38		1				
39		1				
40	1					
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49	1					
50						
TOTAL IND.	3					
TOTAL DEP.		17				
TOTAL CLAIMS		20				

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						